

CERTIFICATE OF ASSUMED BUSINESS NAME

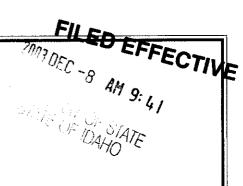
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

Printed Name: ELizabeth R. Kelly

(see instruction # 8 on back of form)

Capacity/Title: _________



The true name(s) and business address(es) of business under the assumed business name.	
Name	Complete Address
	2645 E. Selfice Way
	Post falls, IN 83854
The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate Storage Jack Light The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addressed: Same as above	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):

IDAHO SECRETARY OF STATE

12/09/2003 05:00

CK: 1449 CT: 158818 BH: 715659
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